AO 435 (Rev. 04/18) *Please Read Instructions:*	ADMINISTRATIVE OFFICE OF THE UNITED STATES COURTS **TRANSCRIPT ORDER**	FOR COURT USE ONLY DUE DATE:

1. NAME Robert Cahill (Counsel for Plaintiffs)	2. PHONE NUMBER (703) 456-8145	3. DATE 2/22/2019	
4. DELIVERY ADDRESS OR EMAIL Cooley LLP, 11951 Freedom Drive, 14th Floor	5. CITY Reston	6. STATE VA	7. ZIP CODE 20190

8. CASE NUMBER 3:17-cv-00072	9. JUDGE Joel C. Hoppe	DATES OF PROCEEDINGS	
		10. FROM 2/21/2019	11. TO 2/21/2019
12. CASE NAME Sines v. Kessler		LOCATION OF PROCEEDINGS	
		13. CITY Charlottesville	14. STATE VA

15. ORDER FOR

☐ APPEAL	☐ CRIMINAL	☐ CRIMINAL JUSTICE ACT	☐ BANKRUPTCY
☐ NON-APPEAL	☒ CIVIL	☐ IN FORMA PAUPERIS	☐ OTHER

16. TRANSCRIPT REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested)

PORTIONS	DATE(S)	PORTION(S)	DATE(S)
☐ VOIR DIRE		☐ TESTIMONY (Specify Witness)	
☐ OPENING STATEMENT (Plaintiff)			
☐ OPENING STATEMENT (Defendant)			
☐ CLOSING ARGUMENT (Plaintiff)		☐ PRE-TRIAL PROCEEDING (Spcy)	
☐ CLOSING ARGUMENT (Defendant)			
☐ OPINION OF COURT			
☐ JURY INSTRUCTIONS		☒ OTHER (Specify)	
☐ SENTENCING		Telephonic Discovery Hearing	02/21/2019
☐ BAIL HEARING			

17. ORDER

CATEGORY	ORIGINAL (Includes Certified Copy to Clerk for Records of the Court)	FIRST COPY	ADDITIONAL COPIES	NO. OF PAGES ESTIMATE	COSTS
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CERTIFICATION (18. & 19.) By signing below, I certify that I will pay all charges (deposit plus additional).	ESTIMATE TOTAL	0.00

18. SIGNATURE /s/ Robert T. Cahill (Counsel for Plaintiffs)	PROCESSED BY
19. DATE 2/22/2019	PHONE NUMBER
TRANSCRIPT TO BE PREPARED BY	COURT ADDRESS

	DATE	BY	
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